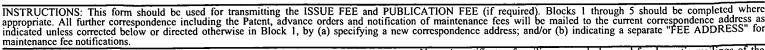
03-03-08 PART B - FEE(S) TRANSMITTAL

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10th Floor 666 Third Ave.	7590 11/29 RAYNE & SCHV	E \	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for particles mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
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		TATANDE		there of	1. C	iramon	(Signature)
			7	February 2	29, 20	008	(Date)
APPLICATION NO.	ATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/568,514	10/26/2006	Kat	hirgamasundaram Sooriaku	207,468 1169			
TITLE OF INVENTION: THREE-AXIS ACCELEROMETER 03/03/2008 MSEBREN2 00090054 1056851							0 566514
				01 FC:15 02 FC:15	01 04		1440.69 0P
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
∧ nonprovisional	NO	\$1440	\$300	\$0		\$1740	02/29/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	ss			
PATEL, REEMA 2812			438-052000				
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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Please check the approp	oriate assignce category o	or categories (will not be p	orinted on the patent):	Individual 🛭 C	orporation	on or other private gr	roup entity Government
4a. The following fee(s) are submitted: Solution Size Size Size Size Size Size Size Size			 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ★ A check is enclosed. Payment by credit card. Form PTO-2038 is attached. ★ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-0035 (enclose an extra copy of this form). 				
5. Change in Entity St	atus (from status indicate	ed above)					
a. Applicant clair	ms SMALL ENTITY star	tus. See 37 CFR 1.27.	b. Applicant is no lor				
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Typed or printed na	me Say S.	Cinamon		Registration	No2	24,156	

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